



## Release of Medical Records and Cancellation Policy

I give permission for my medical records listed below to be released to:

	Labs
	EKG
	CXR
	Stress Testing
	Other

Dr. Denia Tapscott  
2041 Georgia Ave, NW  
Suite 4100 B  
Washington DC 20060

(202) 202-865-3063 FAX  
(202) 202-865-1286 OFFICE  
[www.hubariatrics.com](http://www.hubariatrics.com) WEBSITE  
[www.ptweightloss.com](http://www.ptweightloss.com) WEBSITE



There will be a \$25.00 fee charged for all missed or cancelled appointments without 24 hour advance cancellation of appointment.

Please sign below to verify your understanding of the above statement.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_